

**Form E**

**THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS**

	)	Case Number:
	)	
Plaintiff	)	Judge:
v.	)	
	)	Designated Magistrate Judge:
	)	
Defendant	)	

**PARTY RESPONSE REGARDING VIDEO RECORDING**

The following proceeding in this case is eligible for video recording under the Judicial Conference Committee on Court Administration and Case Management Guidelines for the Cameras Pilot Project in District Courts (available at [www.uscourts.gov/multimedia/cameras](http://www.uscourts.gov/multimedia/cameras))

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(Describe proceeding.)

Date of scheduled proceeding: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

Check the appropriate box(es) below and on the next page to indicate whether you consent to the recording of some or all of this proceeding:

- ☐ I consent to the recording of this entire proceeding.  
☐ I consent to the recording of some, but not all, of this proceeding.

Identify the specific parts of the proceeding for which you do not consent to recording:

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Indicate the reason(s) not to video record (check all that apply):

- ☐ Proprietary Information (Trade Secret/Patent/Copyright)  
☐ Confidential Financial Information  
☐ Personal Medical/Psychiatric Information  
☐ Non-public Figure Exposure (Embarrassment/Ridicule)  
☐ Other (Please explain. Use a separate attachment if necessary.)
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- ☐ I consent to the recording this proceeding. The following witnesses have expressed a preference not to be recorded:

Identify the witness for whom you do not consent to recording:

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Indicate the reason(s) not to video record (check all that apply):

- ☐ Proprietary Information (Trade Secret/Patent/Copyright)  
☐ Confidential Financial Information  
☐ Personal Medical/Psychiatric Information  
☐ Non-public Figure Exposure (Embarrassment/Ridicule)  
☐ Other (Please explain. Use a separate attachment if necessary.)

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- ☐ I do not consent to the recording of any of this proceeding.  
Indicate reason(s) not to video record (check all that apply):

- ☐ Proprietary Information (Trade Secret/Patent/Copyright)  
☐ Confidential Financial Information  
☐ Personal Medical/Psychiatric Information  
☐ Non-public Figure Exposure (Embarrassment/Ridicule)  
☐ Other (Please explain. Use a separate attachment if necessary.)

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I submit and sign this form on behalf of the party I represent and the witnesses I may call.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Position, *e.g.*, attorney of record

**NOTICE: DO NOT FILE THIS FORM IN YOUR CASE. CONVERT IT TO PDF  
FORMAT AND ATTACH IF TO AN EMAIL TO XXXXXXXXXXXXXXXXX.**